FY2015 CHNA&HIP Progress Report

Linn County

Community Health Improvement Plan

GOAL	Strategies	Progress on Strategies
Obesity: Over the next 3 years, stabilize the prevalence of overweight and obese Linn County Residents through increased physical activity and nutrition strategies.	Service gaps and barriers to healthy decision making and access to wellness services will be identified in Linn County.	In March 2013, Linn County Public Health (LCPH) completed a CHNA for the local hospitals following the Mobilizing for Action through Planning and Partnerships (MAPP) framework, a process the National Association of County & City Health Officials (NACCHO) recommends. Obesity remains a priority health issue for Linn County. The hospitals used this CHNA to create their own community benefit plans, including steps for addressing obesity and removing gaps and barriers. The new CHNA helped update LCPH and partners' understanding of existing service gaps and barriers in the community. LCPH continues to work with community partners to identify potential gaps in access to wellness services across Linn County and formulate strategies to address identified gaps.
	Develop a service coordination guide on current programs and services available in Linn County that address weight and diet related issues.	The Linn County Community Resource committee completed and distributed the updated 20 community resource lists in March 2014. Linn County's services related to weight and diet are diverse and extensive. The resource lists for food assistance, health, and others include resources related to weight and diet. Another iteration of the Community Resource Sheets for Linn County was completed in January of 2015, consisting of 21 unique resource sheets. The addition of Summer Meal Sites was added to the "Food Assistance" resource sheet.

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ominumty Hearth Improvement Fian	Increase community outreach and education within our community to encourage policy change associated with establishing a healthier environment and decreasing barriers to healthy decision making	The Blue Zones Project in Cedar Rapids. Blue Zones Project Marion, LCPH, and the Linn County Food Systems Council have been exploring possible policy, systems and environmental-level changes to establish a healthier environment and decrease barriers to healthy decision making to address obesity. Katie Jones (Health Education Specialist at LCPH) currently sits on the Linn County Food Systems Council board and is the chair of the Blue Zones Project in Cedar Rapids - Community Policy Healthy Eating subcommittee and co-chair of the Blue Zones Project Marion Community Policy Committee. Amy Lepowsky (Health Education Specialist now Epidemiologist at LCPH) is a member of the Blue Zones Project in Cedar Rapids - Community Policy Active Living subcommittee and assisted with the development of Cedar Rapid's Complete Streets Policy and Design Standards. On the Blue Zones Project Marion Community Policy Committee, Amy is a member of the Active Living Subcommittee working toward the development of Active Design Guidelines including a Complete Streets Policy, Procedure, Comprehensive Transportation Plan, and Biophilic Design Standards. Katie assisted the LCFSC in conducting a comprehensive food system assessment, as part of Linn County's Community Transformation Grant (CTG). Over the last year, LCFSC assisted in the adoption of a local food procurement policy for Linn County and Expanded Urban Agriculture ordinance for Cedar Rapids
		This past year, Blue Zones Project in Cedar Rapids was involved in suggesting changes to Cedar Rapids' Urban Agriculture Ordinance, to encourage more urban farming. The Active Living subcommittee is working on adopting a complete streets policy in Cedar Rapids to increase walkability and bikeability. LCPH's role in both of these group is to provide education and expertise. LCPH is a leader in planning the Corridor Worksite Wellness Awards, which involves assessing
	Develop and promote a consistent,	worksites and providing technical assistance to make worksites healthier for employees. Throughout 2014, LCPH disseminated messages developed by the Blue Zones Project, Iowa
	evidence-based health message within our community to promote individual healthy decision making to ultimately reduce our obesity rate.	Department of Public Health associated with the Community Transformation Grant, and the Centers for Disease Control and Prevention to promote healthy decisions, increase physical activity, and reduce the obesity rate in Linn County. Messages were promoted via social media and through worksite wellness programs throughout the county.
	By 2012, establish a Linn County Food Council to advocate for access to nutritious, locally grown food.	A Linn County Food Systems Council was established in 2012.

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Substance Abuse (SA): Increase the health of Linn County residents by decreasing the rate of binge drinking by 2% by 2013. Over the next three years, decrease community availability and social acceptance of marijuana abuse through environmental change strategies	Determine the baseline rate of youth and young adult binge drinking	LCPH analyzed substance abuse data from Iowa Youth Survey and the Behavioral Risk Factor Surveillance System for the local hospital's 2013 CHNA report. According to Iowa Youth Survey data, the percentage of 6, 8, and 11th grade youth who report any alcohol use in the days increased from 15.0% in 2005 to 20.0% in 2012. According to the BRFSS, the percentage of adults who report any binge drinking (5 drinks on one occasion for men, 4 for women) in the last 30 days has also decreased from 20.0% in 2008 to 17.2% in 2012. LCPH will continue to monitor and analyze substance abuse data.
	Develop a collaborative network of prevention and/or treatment organizations, groups, and coalitions.	Linn County has two active coalitions seeking to address the issue of multiple forms of substance abuse in Linn County. Rural Communities Rising Above the Influence in Linn (RC RAIL) is a coalition that focuses on the rural communities in Linn County. They are working to address binge drinking and marijuana abuse. The second, is a large collaborative group hosted by the Area Substance Abuse Council (ASAC) and is comprised of multiple organizations who are working to address multiple forms of substance abuse in Linn County. LCPH is actively involved with both coalitions. (RC RAIL and ASAC do not used Local Public Health Services Contract funds.)
	Reduce marijuana use by making it less accessible, desirable, and accepted.	RC RAIL and ASAC have been working collaboratively with other groups to reduce marijuana use. LCPH also facilitates a youth-oriented Facebook page called "Don't Start with Me" that also focuses on changing social perception of drug use.
	Advocate to prevent the legalization of medical marijuana.	ASAC prevention staff and RC RAIL continue to address questions about marijuana, including medical marijuana. They have worked together to bring a nationally renowned speaker, Dr. Kevin Sabet, to Linn County in April 2014 to discuss the public health and legal issues that surround legalizing marijuana, including medical marijuana.
	Work with media to increase social knowledge of the harmful effects of marijuana.	RC RAIL and ASAC are working to increase awareness of the effects of synthetic marijuana and marijuana use in youth.

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Sexual Health: Decrease the STD rates, in particular	Determine school and local college	The Sexual Health Alliance of Linn & Johnson Counties (SHA), a community coalition that LCPH
gonorrhea and chlamydia, by 5% through increased	policies on sexual health education,	facilitates, conducted an assessment of sexual health education in Linn and Johnson County high
education, testing, and prevention services by 2014.	including the activities/curriculum they	schools in January 2012. This information was published on the front page of the Cedar Rapids
	currently provide to students to ensure	Gazette in October 2012 and was beneficial in identifying strengths and gaps in our community's
	every student has the opportunity to	education system. In May 2014, SHA completed a survey of teachers in junior and high schools in
	receive sexual health education.	Linn & Johnson Counties to get their feedback on creating a sexual health education toolkit for
		teachers and school staff. SHA members are currently working on developing this toolkit. (Local
		Public Health Services Contract funds are used to help facilitate SHA, but SHA also has its own
		budget and resources.)
	Create a comprehensive list of	This objective has been completed. The Sexual Health Alliance of Linn and Johnson Counties
		(SHA) developed and annually maintains a community resource list of all sexual health services.
	resources.	The list of services can be found here:
		http://www.linncounty.org/DocumentCenter/Home/View/156
	Work with local organizations to create	SHA uses existing marketing campaign materials to be consistent with other efforts across the
	marketing campaign targeted toward (1)	state and nation-wide. One example of a media campaign supported by SHA is the Get Yourself
	youth/young adults, (2) the LGBT	Tested (GYT) marketing campaign. SHA uses the GYT marketing materials to encourage young
	community, and (3) parents.	adults and members of the LGBT community to get tested for sexually transmitted diseases.
	Establish a community fund to support	SHA determined in previous years that there is not a service gap but rather a knowledge gap. Due
	those in need of STD testing, treatment,	to that, LCPH and the SHA have increased marketing of free or reduced testing services available
	and prevention services for individuals	in our community and hosted a variety of events that involved free or reduced testing. The
	_ · · · · · · · · · · · · · · · · · · ·	resource list also helps with the knowledge gap. LCPH and SHA have worked to make condoms
	or reduced cost STD services.	available through targeted placement of condom dispensers throughout Linn County.

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Access to Healthcare: Increase access to health care services for Linn County residents who do not have adequate health insurance, decrease residents without health insurance from 10.7% to 10% by 2014	Establish one entry point for uninsured and underinsured patients into Linn County's healthcare system.	Eastern Iowa Health Center (formerly Linn Community Care) led the development of a systematic way for uninsured and underinsured patients to enroll in health insurance. 24 different organizations joined the Linn County Community Partnership. United Way 2-1-1 acted as a scheduling hub, connecting uninsured and other interested people to Certified Application Counselor locations, including LCPH. As of May 1, 2014, 9,506 residents enrolled in either the lowa Health and Wellness Plan or an insurance plan through Healthcare.gov's Marketplace Exchange. As of May 5, 2015 there were an additional 2,881 patients were enrolled in the Marketplace. (Local Public Health Services Contract funds were not used in these efforts.)
	Develop and disseminate a roadmap for patient care that will list health care organizations, their services, and provide a written procedure for professionals to refer patients based on their need.	The Certified Application Counselors belonging to the Linn County Community Partnership provides patients with the "Roadmap to Better Care and a Healthier You - From coverage to care" brochure developed by the Center for Medicaid Services to help patients navigate the healthcare system as well as how to proceed after receiving health insurance. In addition, the CACs provide patients with contact and patient care services information for the healthcare organizations within Linn County and surrounding areas. An official written procedure for professions to refer patients based on needs is still in the development stage.
	Increase communication and collaboration among healthcare organizations to aid in streamlining services to low income and populations in need.	The Linn County Community Partnership is a great example of increased communication and collaboration among healthcare organizations. In addition LCPH, continues to collaborate with various organizations to provide additional testing and immunization services to high risk populations. The partnership meets monthly to evaluate additional need for health insurance enrollment events.

Ambient Air Quality: To stop and reverse the upward trend of 8y December, 31 2014, local regulatory programs will be developed in alignment with the lowa Department of Natural Resources Report to the Governor and General Assembly, "Implementing the PM2.5 Ambient Air Quality Standard in the State of lowa." **Besources Report to the Governor and General Assembly, "Implementing the PM2.5 Ambient Air Quality Standard in the State of lowa." **Besources Report to the Governor and General Assembly, "Implementing the PM2.5 Ambient Air Quality Standard in the State of lowa." **Besources Report to the Governor and General Assembly, "Implementing the PM2.5 Ambient Air Quality Standard in the State of lowa." **Besources Report to the Governor and General Assembly, "Implementing the PM2.5 Ambient Air Quality Standard in the State of lowa." **Besources Report to the Governor and General Assembly, "Implementing the PM2.5 Ambient Air Quality Standard in the State of lowa." **Besources Report to the Governor Ambient PM2.5 Ambient Air Quality Standard in the State of lowa." **Besources Report to the Governor Ambient PM2.5 Investigation of the Investigation of July Investigation of July PM2.5 Ambient Air Levels: Linn County continues to monitor PM2.5 levels in Linn County. The 2010 Design Value (Interpretations). See objective 2 for more information. 4. Linn County maintains an Air Quality Website: www.linncleanair.org. Resources for encouraging PM2.5 ambient air levels: Linn County and Interpretation of PM2.5 and Interpretation of PM2.5 and Interpretation of PM2.5 and Interpretation of PM2.5 and Interpretation PM2.5 and Interpret	GOAL	Strategies	Progress on Strategies
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Linn	County
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Community Health Improvement Plan

By June 30th, 2012, create a voluntary program that will engage community stakeholders to focus on reducing PM2.5

LCPH's AQB continues to work to reduce PM2.5 by engaging stakeholders through efforts like the Idle Free Linn Project. AQB works with Linn County school districts to promote idle free campuses though the project. AQB has met with representatives from all Linn County school districts about adopting an idle-free policy. Sixteen (16) individual schools adopted an idle-free policy between 7/1/2012 and 6/30/2014. Linn County Board of Health adopted a idle-free policy for LCPH in August 2013. In addition, LCPH sent out information about the benefits of adopting an idle-free policy to all 43 Linn County worksites that participated in the Corridor Worksite Wellness Awards. Idle Free Linn's website is http://www.idlefreelinn.org/. This work was done without Local Public Health Services Contract funds.

GOAL	Strategies	Progress on Strategies
Person Abuse: Decrease the rate of Linn County children who	By June 30, 2011 agencies and	Completed. From the FY13 report: "Agencies/organizations that address abuse have been
are abused to no more than 15 per 1,000 children from the	organizations that support the prevention	identified and contacted to join local coalitions or advisory groups. The Linn County Family
2009 baseline of 19.1 per 1,000 children. Decrease the rate of	of abuse will have been identified	Violence Prevention Coalition and the Elder Abuse Intervention Coalition are both active."
domestic abuse in Linn County to no higher than the state rate		
of 224 per 100,00 from 278 per 100,000. Increase the number		
of referrals to the Elder Abuse Initiative (EAI) Program from		
314 per year to no less than 400 per year.		
	By September 30th, 2011 a local coalition	Completed. From the FY13 report: "Agencies/organizations that address abuse have been
	will be formed with its first meeting to	identified and contacted to join this coalition. First coalition meeting was held May, 2011 with
	improve communications between the	subsequent meetings held bi-monthly changing to monthly in January, 2012."
	multiple agencies that address child,	
	relationship and elder abuse	
	By January 30, 2012, subcommittees or	The Family Violence Prevention Coalition continues to meet monthly, due to the number of
	workgroups of the newly formed coalition	coalition members the group has decided to focus of collaborative education of healthcare
	will be formed to address the separate	professionals and community members pertaining to the spectrum of person abuse. Between
	issues of child, relationship and elder	February 2014 and March 2015, the coalition hosted four panel events surrounding person
	abuse	violence including Intimate Partner Abuse (2/25/14), Elder Abuse (4/30/14), Bullying across the
		lifespan (10.03.14), Addiction (Gambling and Substance Abuse focus, 3.15.15)
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GOAL	Strategies	Progress on Strategies
Mental Health: 1. Decrease the overall number of mental health committals for adults from the 2010 baseline of 789 to no higher than 750 in Linn County by December 31st, 2014. 2. Decrease the overall number of mental health committals for children from the 2010 baseline of 244 to no higher than 231 in Linn County by December 31st, 2014.	Explore funding options to support evidence-based strategies, including Medicaid reimbursement	The federal Affordable Care Act has caused more coverage in Linn County through Medicaid reimbursement. Regionalization statewide of the mental health system has also assisted in funding and increased focus on using evidence-based strategies.
	Increase the overall health care coordination and services for individuals with mental illness.	Mental health providers in Linn County continue to work on this. The Integrated Health Homes Initiative has helped improve coordination in the community. The Abbe Center is involved with this effort.
	Continue to support cooperation between law enforcement and emergency mental health services	Emergency mental health service providers in Linn County continue to work with law enforcement.
	Continue to build upon on organizational work ("systems of care") regarding the children's mental health.	Mental health providers in Linn County are continuing to examine new ways to improve mental health services provided to children and mechanisms to ensure children in need of mental health services are identified. Currently, the Cedar Rapids School District (CRSD) and Abbe center in Cedar Rapids partner to provide mental health services through a referral process initiated by the K-12 school nurses and parents. Within the last year, CRSD has been piloting a mental health program that places a mental health provider within some targeted schools to provide students with onsite services as needed.
	Connect individuals with mental health services upon discharge from institutions	Mental health providers in Linn County continue to work on this objective. There is a Linn County Community Recidivism Committee which explores how to connect individuals with a variety of services, including mental health services, upon discharge from institutions. The hospitals work closely with various systems on this objective as well.